



Application Data Sheet

Application Information

Application Type:: Regular
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit:: 1600
CD-ROM or CD-R?:: None
Title:: AT LEAST PARTIAL PREVENTION AND/OR
REDUCTION OF CELLULAR DAMAGE IN
TISSUE THAT HAS SUFFERED FROM OR IS
SUFFERING FROM HYPOXIA AND/OR
ISCHAEMIA AND/OR INFLAMMATION
Attorney Docket Number:: 2183-6141US
Request for Early Publication?:: No
Request for Non-Publication?:: No
Total Drawing Sheets:: 21
Small Entity:: No

Applicant Information

Applicant Authority type:: Inventor
Primary Citizenship Country:: The Netherlands
Status:: Full Capacity
Given Name:: Wouter
Middle Name:: Bernard
Family Name:: Veldhuis
City of Residence:: Utrecht
State or Province of Residence::
Country of Residence:: The Netherlands
Street of mailing address:: Achter de Dom 8
City of mailing address:: Utrecht
State or Province of mailing address::
Country of mailing address:: The Netherlands

Postal or Zip Code of mailing address:: 3512 JP

Applicant Authority type:: Inventor

Primary Citizenship Country: The Netherlands

Status:: Full Capacity

Given Name:: Petrus

Middle Name:: Hendrikus

Family Name:: van der Meide

City of Residence:: Nootdorp

State or Province of Residence::

Country of Residence:: The Netherlands

Street of mailing address:: Kastanjelaan 2

City of mailing address:: Nootdorp

State or Province of mailing address::

Country of mailing address:: The Netherlands

Postal or Zip Code of mailing address:: 2631 HT

Applicant Authority type:: Inventor

Primary Citizenship Country: The Netherlands

Status:: Full Capacity

Given Name:: Klaas

Middle Name::

Family Name:: Nicolay

City of Residence:: Houten

State or Province of Residence::

Country of Residence:: The Netherlands

Street of mailing address:: Tournooikamp 12

City of mailing address:: Houten

State or Province of mailing address::

Country of mailing address:: The Netherlands

Postal or Zip Code of mailing address:: 3992 CM

Correspondence Information

Correspondence Customer Number:: 24247

Representative Information

Representative Customer Number:: 24247

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	PCT/NL01/00217	04/03/02

Assignee Information

Assignee Name:: Universitair Medisch Centrum Utrecht
Street of mailing address:: Heidelberglaan 8
City of mailing address:: Utrecht
State or Province of mailing address::
Country of mailing address:: The Netherlands
Postal or Zip Code of mailing address:: 3584 CX
Assignee Name:: Universiteit Utrecht Holding B. V.
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